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What repositional maneuver is most successful when treating Benign Paroxysmal Positional Vertigo with the TRV Repositional Chair?

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Abstract:

BPPV is the most common inner ear disease and might affect one or several semicircular canals (SCCs). The choice of repositional maneuver differs between subtypes of BPPV and the also depends on which SCC is affected. Randomized prospective clinical trial. Patients diagnosed with posterior canalolithiasis underwent treatment with either standard Epley's maneuver or Potentiated Epley's maneuve. Patients diagnosed with lateral cupulolithiasis underwent randomization to treatment with either the Barbeque Roll maneuver or treatment where kinetic forces were applied during reposition. Preliminary data will be presented in relation to the most effective treatment of both posterior canalolithiasis and lateral cupulolithiasis.

Introduction:

BPPV is the most common inner ear disease and might affect one or several semicircular canals (SCCs) uni- and/or bilaterally. Most common location is, by far, unilateral affection of the posterior SCC. Displaced otoconia are either floating freely within the endolymph (canalolithiasis) or stuck to the sensory organ (cupulolithiasis). Canalolithiasis is generally easier to treat than cupulolithiasis. The choice of repositional maneuver differs between these subtypes of BPPV and the also depends on which SCC is affected. The TRV Repositional Chair offers different repositional maneuvers, and up until now it has not been examined which maneuver is the most effective.

Materials and Methods:

Randomized prospective clinical trial. Patients diagnosed with posterior canalolithiasis underwent treatment with either standard Epley's maneuver or Potentiated Epley's maneuver (application of kinetic forces during reposition). Patients diagnosed with lateral cupulolithiasis underwent randomization to treatment with either the Barbeque Roll maneuver or treatment where kinetic forces were applied during reposition.

Results:

Preliminary data will be presented in relation to the most effective treatment of both posterior canalolithiasis and lateral cupulolithiasis. The former with standard Epley's maneuver/Potentiated Epley's maneuver and the latter with either the Barbeque Roll maneuver or the treatment where kinetic forces were applied.

Conclusions:

Conclusions based upon preliminary data will be made on the basis upon results from approximately one hundred patients.